



# APPLICATIONS ACCESS FORM

COUNTY OF LOS ANGELES  
DEPARTMENT OF MENTAL HEALTH  
PROVIDER SUPPORT OFFICE

## REQUEST TYPE

Effective Date <b>04 / 04 / 2014</b>	<input checked="" type="checkbox"/> Add New User	<input type="checkbox"/> Update Existing User	<input type="checkbox"/> Add Reporting Unit <input type="checkbox"/> Delete Reporting Unit <input type="checkbox"/> Name Change	<input type="checkbox"/> Add Role <input type="checkbox"/> Delete Role Unit <input type="checkbox"/> Termination	<input checked="" type="checkbox"/> Add User Access <input type="checkbox"/> Delete User Access
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## EMPLOYEE STATUS

☐ DMH Permanent    ☐ DMH Temporary    ☐ FFS IP    ☒ FFS OP    ☐ MHSA    ☐ NGA    ☐ DHS

## APPLICATION INFORMATION

User/Logon ID		Last Name <b>Jones</b>		First Name <b>Camille</b>		MI	Last 4 Digits of SSN <b>3333</b>
Date of Birth MM/DD <b>12/10</b>	Sex Code <b>F</b>	Ethnicity Code <b>01</b>	Handicap Code <b>00</b>	Language Code <b>01</b>	Name of Facility/Bureau/FFS Network Provider/Pharmacy <b>Camille Jones Inc.</b>		
Program Name/Unit		Address <b>111 N. Main St.</b>				Suite/Floor <b>15</b>	
City <b>Los Angeles</b>		State <b>CA</b>	Zip Code <b>90012</b>	Phone Number <b>213-240-1212</b>	E-Mail Address <b>cjones@yahoo.com</b>		

## ROLE(S)

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Provider using Web Services? ☐ Yes ☒ No

## SELECT CLASS CODE & AUTHORIZED PROVIDER NO.

DMH Provider No(s)				NGA Legal Entity No.	
DHS Provider No(s)				FFS Provider No.	<b>PSY144212</b>



## SELECT APPLICATION ACCESS

<input type="checkbox"/> Integrated System	<input type="checkbox"/> STAR	<input checked="" type="checkbox"/> Provider Connect*	<input type="checkbox"/> PRM*	Other (please specify)
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The following forms must be signed and sent with this document:

☒ COLA Agreement for Acceptable Use    ☒ Oath of Confidentiality    ☒ E-Signature Agreement

## SIGNATURES

Applicant Name <b>Camille Jones</b>	Signature 	Date Completed <b>4/4/14</b>
Contact (Print Name) <b>Janice Stevens</b>	Phone Number <b>213 240-1212</b>	Date Completed <b>4/4/14</b>
Program Head/Authorized Designee (Print Name) <b>Camille Jones</b>	Signature 	Date Completed <b>4/4/14</b>

## FOR PSO USE ONLY

User ID	HEAT Call Ticket	Date Received
Processed By	Remarks	Date Completed

\*Provider Connect or PRM User Access?

Scan and Email forms to:  
[DMHPSO@dmh.lacounty.gov](mailto:DMHPSO@dmh.lacounty.gov)

User Access for all other Applications?

Mail all forms to:  
DMH PSO Systems Access Unit  
695 S. Vermont Avenue  
Los Angeles, CA 90005